



**Credit Application**  
 1590 Whiteford Rd. York, PA 17402  
 Phone: 717-755-9669 | Fax: 717-340-4244  
 www.bensrvcenter.com

**CHECK BOX FOR JOINT ACCOUNT:**  If you are applying for a joint account or an account that you and another person will use, complete all sections, providing information in Section B, below, about the Joint Applicant or user.

We intend to apply for Joint Credit.

Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

**SECTION A, Information Regarding Applicant:**

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_ SOCIAL SEC. NO. \_\_\_\_\_ DEP \_\_\_\_\_

LANDLORD/MORTGAGE HOLDER NAME AND ADDRESS \_\_\_\_\_  OWN  RENT HOW LONG THERE? \_\_\_\_\_

DATE PURCHASED \_\_\_\_\_ PURCHASE PRICE \_\_\_\_\_ ORIGINAL MORTGAGE \_\_\_\_\_

PRESENT BALANCE \_\_\_\_\_ MARKET VALUE \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_

PREVIOUS ADDRESS (IF AT PRESENT ADDRESS LESS THAN 5 YEARS) \_\_\_\_\_ HOW LONG THERE  OWN YEARS  RENT \_\_\_\_\_

APPLICANTS EMPLOYER \_\_\_\_\_ YEARS \_\_\_\_\_ POSITION \_\_\_\_\_

EMPLOYERS ADDRESS \_\_\_\_\_ PHONE NO. ( ) \_\_\_\_\_

PREVIOUS EMPLOYERS (IF WITH PRESENT EMPLOYER LESS THAN 5 YEARS) \_\_\_\_\_ YEARS \_\_\_\_\_ POSITION \_\_\_\_\_

PREVIOUS EMPLOYERS ADDRESS \_\_\_\_\_ PHONE NO. ( ) \_\_\_\_\_

GROSS MONTHLY SALARY \_\_\_\_\_ OTHER INCOME \* \_\_\_\_\_

SOURCE OF OTHER INCOME \* \_\_\_\_\_ TOTAL GROSS INCOME \* \_\_\_\_\_

**SECTION B, Information Regarding Applicant:**

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_ SOCIAL SEC. NO. \_\_\_\_\_ DEP \_\_\_\_\_

LANDLORD/MORTGAGE HOLDER NAME AND ADDRESS \_\_\_\_\_  OWN  RENT HOW LONG THERE? \_\_\_\_\_

DATE PURCHASED \_\_\_\_\_ PURCHASE PRICE \_\_\_\_\_ ORIGINAL MORTGAGE \_\_\_\_\_

PRESENT BALANCE \_\_\_\_\_ MARKET VALUE \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_

PREVIOUS ADDRESS (IF AT PRESENT ADDRESS LESS THAN 5 YEARS) \_\_\_\_\_ HOW LONG THERE  OWN YEARS  RENT \_\_\_\_\_

APPLICANTS EMPLOYER \_\_\_\_\_ YEARS \_\_\_\_\_ POSITION \_\_\_\_\_

EMPLOYERS ADDRESS \_\_\_\_\_ PHONE NO. ( ) \_\_\_\_\_

PREVIOUS EMPLOYERS (IF WITH PRESENT EMPLOYER LESS THAN 5 YEARS) \_\_\_\_\_ YEARS \_\_\_\_\_ POSITION \_\_\_\_\_

PREVIOUS EMPLOYERS ADDRESS \_\_\_\_\_ PHONE NO. ( ) \_\_\_\_\_

GROSS MONTHLY SALARY \_\_\_\_\_ OTHER INCOME \* \_\_\_\_\_

SOURCE OF OTHER INCOME \* \_\_\_\_\_ TOTAL GROSS INCOME \* \_\_\_\_\_

\* INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED FOR REPAYING THIS OBLIGATION. IF YOU WISH TO REVEAL SUCH INCOME HOW MUCH DO YOU RECEIVE MONTHLY? \_\_\_\_\_ RECEIVED UNDER:  COURT ORDER  WRITTEN AGREEMENT  ORAL AGREEMENT.

NAME AND ADDRESS OF NEAREST RELATIVE OR FRIEND NOT LIVING WITH YOU \_\_\_\_\_ PHONE NO. ( ) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

DID YOU PREVIOUSLY OWN SAME TYPE OF UNIT NOW BEING PURCHASED? APPLICANT  YES  NO FINANCED? (LENDER) \_\_\_\_\_ WHEN? \_\_\_\_\_  
 CO-APPLICANT  YES  NO FINANCED? (LENDER) \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU EVER HAD A REPOSSESSION? APPLICANT  YES  NO CO-APPLICANT  YES  NO ARE THERE ANY LAWSUITS PENDING AGAINST YOU CURRENTLY? APPLICANT  YES  NO CO-APPLICANT  YES  NO  
 HAVE YOU HAD ANY JUDGMENTS ENTERED AGAINST YOU? APPLICANT  YES  NO CO-APPLICANT  YES  NO HAVE YOU EVER BEEN DECLARED BANKRUPT (CHAPTER 7, 11, 13)? APPLICANT  YES  NO CO-APPLICANT  YES  NO

**DEALER INFORMATION**

DEALER NAME	LOCATION	SALESMAN	PHONE NO. ( )
YEAR/MAKE UNIT PURCH <input type="checkbox"/> NEW <input type="checkbox"/> USED	CASH SELLING	TRADE IN - YEAR/MAKE	WHERE UNIT TO BE LOCATED
MODEL SIZE	PRICE \$	MODEL - SIZE	CITY STATE
INVOICE COST <input type="checkbox"/> APPRAISAL <input type="checkbox"/> BOOK VALUE <input type="checkbox"/> \$	TAXES \$	A. DEALER ALLOWANCE \$	COUNTY RENT \$
EXTRA EQUIPMENT AT DEALER COST \$	DOWN PAYMENTS \$	B. LESS PAY OFF \$	INSURANCE CO.
TOTAL DEALER COST /VALUE \$	UNPAID BALANCES \$	C. NET TRADE A - B \$	AGENT
FIGURES ON CONTRACT	TERM \$ PAYMENT \$	D. CASH DOWN \$	PHONE NO. ( )
RATE	APPROVED BY:	AMOUNT TO FINANCE \$	TOTAL C & D \$
			PRIMARY USE OF UNIT <input type="checkbox"/> PLEASURE <input type="checkbox"/> LIVE IN <input type="checkbox"/> COMM/BUSINESS

**CERTIFICATION, ACKNOWLEDGMENT AND CONSENT:**  
 THE UNDERSIGNED INDIVIDUAL(S) CERTIFY, ACKNOWLEDGE AND CONSENT TO THE FOLLOWING:  
 THE ABOVE INFORMATION IS COMPLETE, TRUE AND CORRECT.  
 IT IS A FEDERAL CRIME TO INTENTIONALLY GIVE FALSE STATEMENTS TO INDUCE A LENDER TO EXTEND CREDIT. LENDER IS AUTHORIZED TO CONTACT ANY PARTY LISTED HEREIN AND ANY OTHER NORMAL SOURCE OF CREDIT INFORMATION. ANY PARTY SO CONTACTED IS AUTHORIZED TO FURNISH SUCH INFORMATION TO LENDER AS LENDER MAY REQUEST. LENDER WILL RETAIN THIS APPLICATION AND ANY OTHER CREDIT INFORMATION LENDER RECEIVES WHETHER OR NOT CREDIT IS EXTENDED. LENDER IS AUTHORIZED TO GIVE CREDIT INFORMATION TO ITS AFFILIATES. THIS CERTIFICATION, ACKNOWLEDGEMENT AND CONSENT EXTEND NOT ONLY TO THE LENDER BUT TO ANY INVESTOR TO WHOM LENDER MAY SELL THE LOAN. LENDER IS AUTHORIZED TO PROVIDE TO ANY INVESTOR ANY INFORMATION AND DOCUMENTATION THAT THEY MAY REQUEST WITH RESPECT TO THIS APPLICATION, CREDIT OR LOAN.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:**  
 TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON WHO OPENS AN ACCOUNT. WHAT THIS MEANS TO YOU: WHEN YOU OPEN AN ACCOUNT, WE WILL ASK YOUR NAME, ADDRESS, DATE OF BIRTH, AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE MAY ALSO ASK TO SEE YOUR DRIVER'S LICENSE OR OTHER IDENTIFYING DOCUMENTS.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ CO-APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_